

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Winning Connections Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2014</b>		
Mailing Address <b>317 Pennsylvania Ave. SE 2nd Floor</b>			Amount <b>12651.50</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>B538635</b>		
Purpose of Expenditure GOTV phone calls		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 29 / 2014</b>		
Name of Federal Candidate <b>Mark Begich</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <b>AK</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>456708.74</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <b>Winning Connections Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2014</b>		
Mailing Address <b>317 Pennsylvania Ave. SE 2nd Floor</b>			Amount <b>12651.50</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>B538636</b>		
Purpose of Expenditure GOTV phone calls		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 29 / 2014</b>		
Name of Federal Candidate <b>Dan Sullivan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <b>AK</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>456708.74</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>25303.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Aletheia Henry*  
 Signature

[Electronically Filed]

Date **10 / 30 / 2014**